

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026689

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 200Registrar's No. 1077C

STATE FILE NUMBER

FILED JUL 23 1962

a. COUNTY Greene2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greeneb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SpringfieldLength of stay in 1b
9 daysc. CITY OR TOWN RepublicInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Burge HospitalInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

AdrainErvinCoxJuly 11, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8-18-19159. AGE (last birthday)
46IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Farm11. BIRTHPLACE (City and state or country)
Jamesville, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Emmett Cox

13b. MOTHER'S MAIDEN NAME

Elizebeth Wells

14. NAME OF HUSBAND OR WIFE

Beth Snyder15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) yes (If yes, give type or dates of service)
WWII16. SOCIAL SECURITY NO.
0

17. INFORMANT

Beth Cox Republic, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolus, terminal suspected

INTERVAL BETWEEN ONSET AND DEATH

Terminal

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized peritonitis, post operative13 days

DUE TO (c)

Abscess, Right adrenal + Kidneyunknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1. Acute bilateral pneumonitis, 2. Rheumatoid arthritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
with hyperextension

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 29 JUNE '62 to 11 JULY '62 and last saw her/him alive on 10 JULY '62
Death occurred at 4:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Samuel E. Holmes M.D.

22b. ADDRESS

600 S. Glenstone Springfield

22c. DATE SIGNED

18 JULY 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-14-1962

23c. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery

23d. LOCATION (City, town, or county)

Republic, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

W.B. Cantrell Republic, Mo.

25. DATE RECD. BY LOCAL REG.

7-20-62

26. REGISTRAR'S SIGNATURE

Effie S. Merton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

1962

6 AUG 9

Permit issued 7-11-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William B. Boutwell

Licensed Embalmer No.

4820

P. O. Address

Republic, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.